

No 443  
Feb 18<sup>th</sup> 1827  
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perusable - but pretty crude & unconnected  
with too many mistakes in spelling

An  
Inaugural Dissertation  
On

Intermittent Fever

By

Printed March 28 1827

Robert N. Beeth  
of  
Virginia

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## Intermittent Fever

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In the selection of this subject for an inaugural dissertation I am convinced that nothing new is to be expected.

Numberless essays have been written on intermittent fever and there is little ground left either for the medical Philosopher to tread on or for the young and enthusiastic student to glory on.

When it is considered that Alibert and Blegny have employed their pens in the investigation of this disease I am persuaded that little will be expected of the mere student of medicine.

I will not however pursue these introductory remarks farther, but will proceed to give an imperfect account of the disease now in compliance with that regulation of this Institution which renders it necessary for the candidate to submit and pay to this Faculty for their inspection than with any expectations of catching light on a subject which has employed the pens of men of acknowledged ability in the professions.

The term Intermittent is applied to that kind of fever which consists of a succession of paroxysms, between

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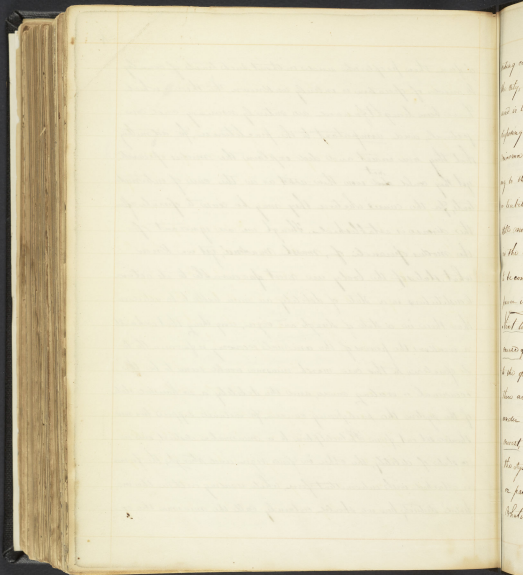
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each of which there is a distinct and perfect intermission, or an entire cessation of all febrile symptoms. This fever has received different names according to the distance of times observed between the returns of its paroxysms. Thus we have one form of the disease, with its paroxysms recurring every twenty-four hours, which we call *Intermittens tertiana*, the term *Tertian* is applied to that form of the disease, when in the paroxysms, returns every forty-eight hours, and the term *Quartana* to that form, which has the returns of paroxysms every seventy-two hours. The tertian is the most common form of the disease and prevails mostly in the fall. The Quartan is most difficult to cure and is also most prevalent in the fall.

When intermittents prevail in the Spring, they are called *vernal*, when in the fall, *autumnal*. Vernal intermittents are not so common as autumnal very.

Causation. Marsh miasma, or the vapours arising from stagnant water, and from vegetable matter in a state of decomposition, are considered to be the most common causes of intermittents. That these vapours act as the cause of inter-  
mittent fever we are led to believe, from the fact that people residing in miasmatic districts are more subject to this species,

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of men these people who would without such trials of courtesy  
the mode of operation is entirely unknown, the theories which  
have been brought forward are entirely visionary and con-  
jectural, and unimportant to the practitioners. In admitting  
that they now exist and did explain the modes of spread  
yet they could ~~not~~ <sup>not</sup> even show them as in this case of intermit-  
tent, for the cause whenever they may be seen to operate after  
the disease is established. Though we are ignorant of  
the modes of spread of, marsh miasm, yet we know  
what states of the body are most favorable to its action.  
Constitutions in a state of debility are more liable to be affected  
than those in a state of strength and vigor, any thing that exhausts  
a weakens the powers of the animal economy is favorable to  
its operation, in this case marsh miasm would seem to be the  
occasional or exciting cause, and the debility a exhausted state  
of the system the predisposing cause. In instances, supposed here now  
should be set out from Philadelphia to a miasmatic district, one in  
a state of debility, the other in fine vigor and strength, the former  
is attacked with intermittent fever, while residing in this the in-  
fectious district, but we should certainly call the miasm the ex-



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ating cause, the latter of the two mere escapes, but returning to  
the city, he commits some detraction, which weakens the system  
and is then taken with force, in this case the miasma is the pre-  
disposing and the detraction the exciting cause. Thus we see that  
miasma is either the predisposing or exciting cause of fever accord-  
ing to the circumstances of the case. That this certain liability  
or liability to be acted on by miasmata exists is rendered  
still more evident, by the circumstance, that some people residing  
in the neighbourhood of marshes, appear more liable than others  
to become affected, which must be owing not to the want of  
force in the vapors, but to some peculiar state of the system.  
Next to miasma cold may be considered the most common  
cause of intermittents. The state of the system which are favorable  
to the operation of miasma, are also favorable to the action of cold  
thus are certain circumstances attending the cold itself which  
render it more powerful in its operations, for instance when  
most, or when applied as is the case to it is more apt to affect  
the system. Cold like miasma may be either the exciting  
or predisposing cause, according to the circumstances.  
Whether induces debility as a poor diet, mental anxiety

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great fatigue have been met with among this occasional  
causes but they may also be the predisposing cause—

Symptoms. Each paroxysm of an intermittent fever is  
divided into a cold, hot and sweating stage. The cold stage  
is ushered in with the following symptoms viz Languor, a sense  
of debility, sluggishness in motion, frequent yawning and  
shivering, and an aversion to food. The face and extremities  
become pale and cold, the features sink, the heat of any  
external part is diminished, and the skin over the whole  
body appears constricted as if cold had been applied. In a  
short time these symptoms are increased, the patient feels  
very cold and universal signs precede accompanied with  
pains in head back and joints, nausea and vomiting of  
bilious matters frequently come on. Respiration is frequent  
and anxious. Urine pale and discharged in large quantities  
the thoughts confused. The pulse small frequent and irre-  
gular. In some cases drowsiness and stupor prevail and end  
in apoplexy, but this is by no means common.

These symptoms are some abated and others of an opposite  
character make their appearance. Increase of heat on the

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whole body, redness of the face, dryness of the skin, pain in the head, great thirst, throbbing of the temporal, arteries, and restlessness. The respiration at this stage is fuller and freer, but still frequent and anxious, the tongue dry and furrowed, the pulse more regular, but still frequent hard and full. Delirium sometimes prevails, and generally depends upon the purity of the attack. When these symptoms have continued for some time, they go off, and give place to others. A sweated breaks out, generally upon the forehead first, and is by degrees extended over the whole body. As the sweat continues to flow, the heat of the body becomes less, the thirst ceases, respiration is free and full, and all the functions are restored to their natural state.

Treatment. The three forms of the disease which I have here spoken of, generally demand the same treatment. I shall <sup>not</sup> therefore speak of them separately but collectively. The different stages require different treatment. During the first stage, the patient is put in bed, and external warmth is applied, as hot bricks to the feet and sides, warm drinks are also given, such as negus, tea and the like. He is kept as comfortable as possible, by laying on large quantities of loose clothes, until the hot stage is brought in.

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when a different plan of treatment is to be pursued. Before  
entering into the treatment of the hot stage it may not be  
amiss to say a few words with regard to the employment  
of opium in the cold stage - a practice first introduced  
by Dele. Haller. He mentions that finding intermittents  
became very frequent on board the *Bougainville* one of  
the Chamelofft under Carl Howe, he was resolved to  
try the full effects of opium in preventing the cold fit.  
He reports that the moment the sick felt the first approach  
of an attack, they were sent to the cockpit for relief.  
A dose of twelve grains opium was then administered, if the first  
doses did not bring on some warmth in the space of two or  
three minutes fresh doses to twenty drops more were  
given. The opium gave life than thirty drops the first time  
and never had occasion to go beyond sixty in the space  
of an hour, it certainly was <sup>the</sup> ~~that~~ remedy in its effects.  
Compresion by the *Tourniquet* was first employed by George  
of Elmhurst and was strongly recommended by him, but  
at the present day it is seldom or never employed.  
Emetics are sometimes employed to put a stop to the cold fit

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but the practice is by no means general. It appears to me that emetics are highly useful in the early stage of an intermittent, particularly if the disease in question originates in the stomach, by discharging from this important organ, its irritating matters, they render it more fit for the reception of the bark.

The hot stage next demands our attention. The indications of cure are two. First to remove irritation. Secondly to promote perspiration. To effect the first of these intentions, Emetics are employed. Sometimes however, sometimes takes place voluntarily, and if it does nothing more is necessary than to encourage it by giving a little camomile tea or warm water.

In order to promote perspiration, diaphoretics are employed, as now when, *Spiritus Mindereri* is strongly recommended by Professor Chapman, which circumstance alone entitles it to the utmost confidence. Opium has been employed likewise in the hot fit. Dr Ferrius is found a strong advocate for it. He tells us that if taken during the intermissions it had not the best effect either in preventing or mitigating the succeeding paroxysm.

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when given in the cold fit, it once or twice seemed to remove it but that when administered half an hour after the cessation of the fit it generally appeared attended in moderate relief.

In intermittents attended with inflammation, as a strong pulse, flushed countenance, laborious respirations, pain in the head and chest, evacuations must be actively employed, the alimentary canal must be thoroughly evacuated with the most active cathartics. I would prefer to any other because it is better calculated to prevent fermentation of the liver and spleen which almost invariably succeed, obdurate indigestions. Having evacuated the alimentary canal of its irritating contents, we must endeavour to prevent the occurrence of the next expected paroxysm. To effect our purpose the Peruvian bark is to be employed. It is best given in pectiones, and when the stomach will bear that it should always be prepared, if it should prove nauseating a be rejected, and infusion a decoction may be substituted. Aromatic liquors combined with the bark frequently do away its unpleasant effects, and it will be

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limbs and gaiters around this purpose will. When the  
bark will <sup>not</sup> sit on the stomach, Docta Thomas recommends  
expurgated bark jacket. The bark sometimes purges, a few  
drops of Laudanum counteracts this effect, it sometimes  
proves emetic, a mild laxative obviates this tendency.

A great diversity of opinion exists as to the proper period  
of giving the bark, thus Sallus is in favour of giving  
it as near as possible to the next expected paroxysm  
while others assert that the bark should be given at  
a great distance as possible from the next expected  
paroxysm, the latter practice is considered best.

Besides the Peruvian bark, various other remedies have  
been employed to prevent a return of paroxysm.

Before having the subject of the bark I will introduce the Sul-  
phate of quinine, one of its preparations. Of late years this  
medicine has been extensively employed in malarial fevers  
but not generally with the same happy results as the bark  
in substance, it is given either in powder or pills, the latter  
form is generally adopted on account of its volume being  
less. Another valuable preparation of Quinine is an old

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remedy in this disease, but at the present day is now employed except in cases where all other remedies have failed.

The other remedies of inferior value are the following viz. *Cupatium* perpetuum, the different species of dogwood of which the *burnus flaudis* is considered the best. *Tamus arvensis*, black alder, white oak bark, white willow, *Lutifigra* *Linclendian*, *Horra* and pear have been known to prevent the progress, change of climate is very beneficial, sometimes in the cure of intermittents of long standing.

Why is Arsenic not adverted to

